



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2345**  
**Job Sheet 171397**



**Part No:** D2345

**Job Qty:** 12 ea

**Part Name:** Lock Channel



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 1/31/18

**Job Tracking No:**

**Due Date:** 2/12/18

**Created By:** Michelle Gagnon-Donovan

**Type:** Stock

**Description:**

**Note:** DWG REV A IPPRevB 99.05.31 Re-format DM IPP Rev:C Now on Waterjet 06-10-26 JLM

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 12 Ea  |            | 2/10/18  | 0.00      | 0.00    | Start Up Waterjet     |           | DE 18/03/26 |
| 100   | Waterjet           | 12 pcs |            | 2/10/18  | 0.00      | 0.87    | Waterjet1             |           | DE 18/03/26 |
| 120   | QC                 | 12 pcs |            | 2/10/18  | 0.00      | 0.00    | QC8                   |           | 38          |
| 130   | Small Fab          | 12 pcs |            | 2/10/18  | 0.00      | 0.84    | Small Fab             |           | 9-88        |
| 140   | Brake NC           | 12 pcs |            | 2/12/18  | 0.00      | 0.80    | Brake NC 1            |           | DAS         |
| 150   | QC                 | 12 pcs |            | 2/12/18  | 0.00      | 0.00    | QC5                   |           | 38          |
| 160   | Packaging          | 12 pcs |            | 2/12/18  | 0.00      | 0.00    | Packaging3            |           | 9-88        |
| 170   | QC21-SA            | 12 Ea  |            | 2/12/18  | 0.00      | 0.00    | QC21                  |           | GA127       |

Part Op 100 - 1-Cut as per Dwg D2345

Descriptions: 130 - Deburr if necessary.

140 - Form as per Dwg D2345 using DT8241 Remove tooling tab and buff flush

160 - LOCATION : GA

DAS  
21 APR 03 2018  
9-88

### Job BOM

| Part / Item | Component Name     | Quantity            | Operation             | Container |
|-------------|--------------------|---------------------|-----------------------|-----------|
| M304S18GA   | 304/316 .050 Sheet | .6336 sf (.0528 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M304S18GA      | 1        | 170       | 0         |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|--------------------------|----------|--------------------------|----------|--------------------------|--------------|--------------------------|---------------|--------------------------|----------|--------------------------|--------------|--------------------------|----------|--------------------------|----------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|---------|--------------------------|-----|--------------------------|---------------------|--------------------------|------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|----------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------|------------------------|--------------------------|----------------------|--------------------------|---------|--------------------------|------------------|--------------------------|-------|--------------------------|-----------------------------------|--------------------------|------|--------------------------|--------------------|--------------------------|----------|--------------------------|---------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|---------|--------------------------|-------------------|--------------------------|---------------|--------------------------|---------------------------------|--------------------------|------------|--------------------------|------------|--------------------------|--|--------------------------|-------------|--------------------------|--------------|--------------------------|---------|--------------------------|--|--------------------------|--|--------------------------|-----------------------|--------------------------|--------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <div style="border: 1px solid black; padding: 5px;"> <b>Descripti</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <div style="position: relative; height: 200px;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 8px;">           Dart Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Haverhill, MA 01830<br/>           TEL: 1 813 632-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaerospace.com         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="text-align: center;"> <br/> <b>Container No: S054918</b><br/> <b>Part: D2345</b><br/> <b>Job No: 171397</b><br/> <b>Serial No/Batch: S054918</b><br/> <b>Revision: _____</b><br/> <b>Inspector: _____</b> </div> </div> <div style="position: absolute; top: 40%; left: 40%; font-size: 8px;">           Date: 03/26/18         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <b>Root Cause</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Environment</td><td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verification</td><td style="width:5%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Operator</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset/Setup</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for Testing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor Information</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | Environment              | <input type="checkbox"/> | No Re-verification       | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/></td><td style="width:15%;">Crimp/Kink/Ripple/Wave</td> <td style="width:15%;"><input type="checkbox"/></td><td style="width:15%;">Broken/Damage/Defect</td> <td style="width:15%;"><input type="checkbox"/></td><td style="width:15%;">Program</td> <td style="width:15%;"><input type="checkbox"/></td><td style="width:15%;">Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/></td><td>Cuffs</td> <td><input type="checkbox"/></td><td>Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/></td><td>Weld</td> <td><input type="checkbox"/></td><td>Outside Dimensions</td> </tr> <tr> <td><input type="checkbox"/></td><td>Crushing</td> <td><input type="checkbox"/></td><td>Contamination</td> <td><input type="checkbox"/></td><td>Wrong Stock Pulled</td> <td><input type="checkbox"/></td><td>Over/Under tolerance</td> </tr> <tr> <td><input type="checkbox"/></td><td>Heat Treat</td> <td><input type="checkbox"/></td><td>Countersink</td> <td><input type="checkbox"/></td><td>Out of Sequence</td> <td><input type="checkbox"/></td><td>Part Incorrect</td> </tr> <tr> <td><input type="checkbox"/></td><td>Wave/Twist in Tube</td> <td><input type="checkbox"/></td><td>Cut Too Short</td> <td><input type="checkbox"/></td><td>Off-set</td> <td><input type="checkbox"/></td><td>Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/></td><td>Marks/Chatter</td> <td><input type="checkbox"/></td><td>Instructions Incomplete/Unclear</td> <td><input type="checkbox"/></td><td>Mislabeled</td> <td><input type="checkbox"/></td><td>Part Moved</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>Drill Holes</td> <td><input type="checkbox"/></td><td>Fit/Function</td> <td><input type="checkbox"/></td><td>Drawing</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>Misaligned/off center</td> <td><input type="checkbox"/></td><td>Finish</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>Misread</td> </tr> <tr> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td></td> <td><input type="checkbox"/></td><td>Turning Sequence</td> </tr> </table> |  |  |  | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Program | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> |  | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Drawing | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Finish | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Misread | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | Turning Sequence |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                           | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>          |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Crimp/Kink/Ripple/Wave                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Broken/Damage/Defect              | <input type="checkbox"/> | Program                  | <input type="checkbox"/> | Positioned Wrong         |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cuffs                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Weld                     | <input type="checkbox"/> | Outside Dimensions       |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Crushing                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contamination                     | <input type="checkbox"/> | Wrong Stock Pulled       | <input type="checkbox"/> | Over/Under tolerance     |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Heat Treat                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Countersink                       | <input type="checkbox"/> | Out of Sequence          | <input type="checkbox"/> | Part Incorrect           |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Wave/Twist in Tube                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cut Too Short                     | <input type="checkbox"/> | Off-set                  | <input type="checkbox"/> | Part Lost/Missing        |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Marks/Chatter                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Mislabeled               | <input type="checkbox"/> | Part Moved               |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Drill Holes                       | <input type="checkbox"/> | Fit/Function             | <input type="checkbox"/> | Drawing                  |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <input type="checkbox"/> | Misaligned/off center    | <input type="checkbox"/> | Finish                   |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> | Misread                  |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <input type="checkbox"/> |                          | <input type="checkbox"/> | Turning Sequence         |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                          |                          |                          |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                          |                        |                          |                      |                          |         |                          |                  |                          |       |                          |                                   |                          |      |                          |                    |                          |          |                          |               |                          |                    |                          |                      |                          |            |                          |             |                          |                 |                          |                |                          |                    |                          |               |                          |         |                          |                   |                          |               |                          |                                 |                          |            |                          |            |                          |  |                          |             |                          |              |                          |         |                          |  |                          |  |                          |                       |                          |        |                          |  |                          |  |                          |  |                          |         |                          |  |                          |  |                          |  |                          |                  |

| Part Specifications |              |                                |                |          |                  |
|---------------------|--------------|--------------------------------|----------------|----------|------------------|
| Spec No             | Description  | Target/Tolerance               | Limits         | Type     | Special Comments |
| 1                   | Lock Channel | 2.800Inches ± 0.010            | 2.810<br>2.790 |          |                  |
| 2                   | Lock Channel | 2.520Inches ± 0.010            | 2.530<br>2.510 |          |                  |
| 3                   | Lock Channel | 0.094Inches + 0.004<br>- 0.001 | 0.098<br>0.093 | Diameter |                  |
| 4                   | Lock Channel | 0.478Inches ± 0.010            | 0.488<br>0.468 |          |                  |
| 5                   | Lock Channel | 1.256Inches + 0.005<br>- 0.001 | 1.261<br>1.255 |          |                  |
| 6                   | Lock Channel | 0.197Inches ± 0.010            | 0.207<br>0.187 | Diameter |                  |
| 7                   | Lock Channel | 2.750Inches ± 0.010            | 2.760<br>2.740 |          |                  |
| 8                   | Lock Channel | 3.000Inches ± 0.010            | 3.010<br>2.990 |          |                  |
| 9                   | Lock Channel | 0.050Inches ± 0.010            | 0.060<br>0.040 |          |                  |

Plex 3/26/18 8:58 AM dart.lacelle.linda



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |